ISDH HSP Referral for Health Care and Support Services Service Standard

HRSA Service Definition:
Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:

- Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.
- Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

Key Services Components and Activities:
Referral for Health Care and Support Services includes coordination of referrals to core medical and support services provided through agencies or other contracted providers (e.g. Mental Health service providers). Key services components and activities are noted in the Service Standards below.

HSP Service Standards:

Standard	Documentation
1. Personnel Qualifications	
1. Services are provided by trained staff according to personnel policy or procedures set by Subrecipient. a. Individuals who possess a comprehensive knowledge of or professional experience in community health, direct patient health care, public health or social work	1. Documentation of applicable experience and qualifications are in personnel files available for review
2. Eligibility Criteria	

1. Subrecipients must have established criteria for the provision of psychosocial support services that includes, at minimum:
   a. Eligibility verification consistent with recipient requirements
	1. Non-medical case managers must maintain up to date eligibility records for clients according to agency protocol and in any data system required by ISDH.
	2. Service providers and sub-recipients must maintain documentation of current eligibility if providing HIV services reimbursable under the RWHAP Part B Program.
	   • Acceptable documentation includes a current eligibility approval letter dated within 6 months of service provision. These letters may be accessed from the client's Non-medical case management, and includes effective and end dates of

	eligibility and those services for which the client may enroll. 3. Documentation must be made available for review by ISDH upon request.
3. Assessment	
1. Subrecipients should establish criteria for assessment relevant to services provided.	1. A written documentation of policy
4. Service Delivery/Treatment	
1. Subrecipients should establish criteria for service delivery relevant to services provided	1. Written documentation of policy 2. Services provided should be documented in client file.

Subservices:
- Referral for Health Care and Support Services- Assessment
- Referral for Health Care and Support Services- Referral
- Referral for Health Care and Support Services- Follow up

Service Unit Definition:
- Assessment = 1 visit
- Referral = 1 referral
- Follow up = 1 visit